

In brief

Painkiller linked with suicide to be withdrawn from UK: Co-proxamol will be phased out of use in the United Kingdom over the next two years after advice from the Committee on Safety of Medicines. Full strength paracetamol is just as effective at relieving pain and less toxic, it says. Some 400 people die from overdoses of co-proxamol in the United Kingdom each year.

Netherlands recognises chronic fatigue: Chronic fatigue syndrome has been recognised as a genuine, severely incapacitating disorder by the Netherlands' Health Council, one of the Dutch government's scientific advisory bodies. The council accepts that no diagnostic criteria exist but recommends that doctors follow the US Centres for Disease Control and Prevention's 1994 case definition. See www.gezondheidsraad.nl

Extra payment for thalidomide survivors: People damaged by thalidomide produced by the British company Distillers are to receive an extra one-off payment of about £10 000 (\$18 800; €14 450) to help them deal with the effects of ageing and deteriorating health. The compensation is on top of an annual payment of around £13 000 and comes after talks with representatives of the Thalidomide Trust.

US male smokers to be screened for abdominal aortic aneurysm: A task force of the US Agency for Healthcare Research and Quality has recommended that men aged 65 to 75 who currently are or have been smokers should undergo a one-time ultrasound to screen for abdominal aortic aneurysm (*Annals of Internal Medicine* 2005;142:198-203).

NICE issues guidance on osteoporosis: Postmenopausal women aged 65 and over with osteoporosis confirmed with a DEXA (dual emission x ray absorptiometry) scan should be treated with bisphosphonates, says the National Institute for Clinical Excellence (NICE) in new guidance for England and Wales. See www.nice.org.uk

US commercial scanning clinics are closing down

Scott Gottlieb *New York*

The trend in the United States for people to pay for whole body computed tomography scans has declined, and once thriving large businesses set up for the purpose are now closing down their operations.

The growth began in the late 1990s with the creation of hundreds of scanning centres, many of which funded large advertising campaigns aimed directly at the consumer. Thousands of Americans were paying out of their own pockets for the scans, which could cost \$1000 (£530; €770) or more.

Whole body scans gained much momentum in 2000, helped in large part by a high profile media campaign by Dr Harvey Eisenberg, the owner of

HealthView, a scanning centre in Newport Beach, California.

Academic medical centres also got into the business, including Beth Israel Deaconess Medical Center at Harvard, which opened its "Be Well Body" scan. The centre is owned by the Beth Israel Radiology Foundation, a non-profit organisation that supports the hospital's radiology department.

Now many of the businesses created to deliver the scans are being closed. CT Screening International, which scanned 25 000 people at 13 centres across the nation, went out of business. AmeriScan, another national chain, also closed down.

A *New York Times* article reports that the closing of these businesses shows the limits of direct to consumer advertising and the power of dissuasion by professional societies, which warned against having the scans (23 January; sect 1: 1). The tests, they said, would mostly find innocuous lumps in places like the thyroid or lungs, requiring

rounds of additional tests to rule out real problems, and would miss common cancers, such as those of the breast.

The scans also concerned public health officials, including the Food and Drug Administration, which warned that the scans could lead to other unnecessary and potentially dangerous diagnostic testing.

Dr Barnett Kramer, director of the US National Institutes of Health's Office of Disease Prevention, said: "For every 100 healthy people who undergo a scan, somewhere between 30 and 80 of them will be told that there is something that needs a workup—and it will turn out to be nothing."

Concern is also growing about the rising cost of diagnostic imaging in the United States—even legitimate scans ordered by doctors for the purpose of diagnosing real and suspected medical problems. This year alone the total cost could reach nearly \$100bn for all types of diagnostic imaging. □

Pathologist in Sally Clark case accused of being "slapdash"

Clare Dyer *legal correspondent, BMJ*

The Home Office pathologist who carried out postmortem examinations on the two babies of Sally Clark (whose conviction for murdering them was later overturned) was "slapdash" in his approach to vital evidence, the General Medical Council was told last week.

Alan Williams, aged 58, was incompetent and acting beyond his expertise, Roger Henderson QC told the professional conduct committee at the start of a four week hearing. Dr Williams denies serious professional misconduct (*bmj.com*, 29 Jan 2005, News Extra).

Dr Williams failed to disclose the results of microbiology tests on Mrs Clark's 8 week old son Harry, which showed *Staphylococcus aureus* at eight sites in his body, including the cerebrospinal fluid.

He initially gave the cause of death for 12 week old Christopher as a respiratory tract infection, but after Harry's death he changed his mind and concluded that there was



GMC hears of "grave problems" with postmortem examinations on Sally Clark's babies

evidence of smothering. He put Harry's death down to shaken baby syndrome.

Mr Henderson said that Dr Williams had told the jury that Harry appeared to have been shaken to death, but he did not

keep proper records of tests he carried out, and this cast doubt on the quality of his work.

Mr Henderson told the committee: "Here was a baby [Harry] who had died in circumstances which we would suggest called for the most meticulous examination and report."

"His elder brother had died. Dr Williams knew this. It will be our evidence that the absence of a contemporaneous report of the ribs and the absence of any photographic record shows he [Dr Williams] had a slapdash approach," he said.

"It may have been expected from a forensic pathologist that his findings might be the subject of an intense scrutiny and he would have to answer to his findings potentially in a coroner's court or a criminal court. As a matter of routine, Dr Williams should have been meticulous in his work," he continued.

Mr Henderson said that Dr Williams was "incompetent" in his consideration and treatment of Harry's eyes, spinal cord, and ribs.

There were "grave problems" with the postmortem examinations on both babies, which were of a standard that impaired the reliable evaluation of evidence of the cause of death, he added. □